



King County

Finance and Business Operations Division

Procurement and Contract Services Section

Department of Executive Services

EXC-FI-0825

Exchange Building, 8th Floor

821 Second Avenue

Seattle, WA 98104-1598

206-684-1327

206-684-1486 Fax

TTY Relay: 711

www.metrokc.gov

Owner Controlled Insurance Program (OCIP) Administrator Services for the Brightwater Project

RFP No. P00003P06

ADDENDUM NO. 1

Proposers are hereby notified that the document of said Request for Proposals has been amended as hereinafter set forth:

Ref	Page	Location and Description of Change
1-1		<p>QUESTIONS & ANSWERS FROM PRE-PROPOSAL MEETING</p> <p>Question 1: Are the drawings or specifications for the Brightwater Project available for review?</p> <p>Response: King County will make the Brightwater Facility Plan available on the internet at:</p> <p>http://www.metrokc.gov/procurement/news/Brightwater_P00003P06.aspx</p> <p>Question 2: Who provides coverages?</p> <p>Response: General Liability will be provided by AIG layered \$100 million, Contractor Pollution will be covered by ACE \$25 million, Professional Liability will be provided by Lexington \$40 million, and Builders Risk is in the process of being placed. The liability policies and Builders Risk policies have large deductibles. The contract manual describes contractor chargebacks for the various coverages.</p> <p>Question 3: Who is the Third Party Administrator for Claims?</p> <p>Response: Crawford & Company is the Third Party Administrator.</p> <p>Question 4: The scope of work states the consultant will review the OCIP Manual. Is this manual available at this time?</p>

Ref	Page	Location and Description of Change
		Response: Attached to this Addendum is the current OCIP Manual.

This Addendum No.1 shall form a part of the Request for Proposals document.

Date: January 27, 2006

Issued by: Christy Trautman
 CHRISTY TRAUTMAN
 Contracts Specialist



Owner Controlled Insurance Program
for

Brightwater
TREATMENT SYSTEM

Treatment Plant, Conveyance, Marine Outfall

Insurance Manual

OWNER CONTROLLED INSURANCE PROGRAM

Insurance Manual

Section 00430

Plant/ Conveyance/Outfall System and
Influent Pump Stations

TABLE OF CONTENTS

OVERVIEW	1
GENERAL LIABILITY OBLIGATION	1
ABOUT THIS MANUAL	2
WHAT THIS MANUAL DOES:	2
WHAT THIS MANUAL DOES NOT DO:	2
OCIP DIRECTORY	4
OCIP ADMINISTRATION -	4
PROJECT DEFINITIONS	6
OCIP INSURANCE COVERAGE.....	8
EXCLUDED PARTIES.....	8
EVIDENCE OF COVERAGE	8
SUMMARY DESCRIPTION OF OCIP COVERAGES	8
<i>Commercial General Liability and Stop-Gap Employer's Liability.....</i>	<i>8</i>
<i>Excess Liability Limits Limits of Liability</i>	<i>10</i>
<i>Contractor's Pollution Liability Limits of Liability</i>	<i>10</i>
CONTRACTOR REQUIRED COVERAGE	14
VERIFICATION OF REQUIRED COVERAGES	14
CONTRACTOR MAINTAINED COVERAGES	15
<i>Commercial General Liability/Umbrella Liability combined</i>	<i>17</i>
<i>Automobile Liability</i>	<i>18</i>
<i>Property Insurance</i>	<i>18</i>
<i>Watercraft Liability.....</i>	<i>18</i>
CONTRACTOR RESPONSIBILITIES	20
CONTRACTOR BIDS.....	21
IDENTIFYING INSURANCE COSTS	21
ENROLLMENT	21
SAFETY GUIDELINES.....	22
ASSIGNMENT OF RETURN PREMIUMS.....	22
MANHOUR/PAYROLL REPORTS.....	22
INSURANCE COMPANY AUDIT	23
CHANGE ORDER PROCEDURES	23
CLOSE OUT AND AUDIT PROCEDURES	23
CLAIM PROCEDURES	24
GENERAL PROCEDURES	24
INVESTIGATION ASSISTANCE.....	24
WORKERS' COMPENSATION CLAIMS	25
LIABILITY CLAIMS	25
AUTOMOBILE CLAIMS	26
POLLUTION CLAIMS.....	26
FORMS.....	27
INSURANCE COST WORKSHEET	28
(FIXED PRICE TYPE CONTRACTS) NUMBERS REFERENCE ATTACHED INSTRUCTIONS	28
INSURANCE COST WORKSHEET (UNIT PRICE/TIME & MATERIAL TYPE CONTRACTS)	31
INSURANCE COST SUMMARY.....	33

Overview

Welcome to the King County Owner Controlled Insurance Program (OCIP)

King County has arranged for this construction project to be insured under its owner controlled insurance program (the “OCIP”). The OCIP is an insurance program that insures all eligible and enrolled Construction Managers, Contractors and Subcontractors, and other King County designated parties for Work performed at the Project Site. Certain Contractors and Subcontractors are **excluded** from this OCIP. These parties are identified in the Contract Documents and Section 3 of this manual.

Coverage for enrolled parties under the OCIP includes General Liability, Stop-Gap/ Employer’s Liability, Excess Liability and Contractor’s Pollution Liability.

King County has also arranged for Professional Liability and will arrange for Builder’s Risk coverage for the Brightwater Treatment System. King County will pay the premiums for these coverages.

King County will pay insurance premiums for the OCIP coverage described in this manual. To the extent you have coverage which duplicates coverage to be provided under the OCIP, you should notify your insurer(s) to endorse your coverage to be excess and contingent over the OCIP coverage provided under this OCIP for on-site activities and the related costs.

NOTE:

Insurance coverages and limits provided under the OCIP are limited in scope and are specific to work performed after the inception date of your enrollment into this program. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.

General Liability Obligation

Safety on the Project Site is important to King County. To encourage adherence

to safe practices by all parties, King County will require the Contractor and Subcontractors to pay the first \$25,000 of each commercial general liability claim that is attributable to Contractor's Work, or its Subcontractor's Work, acts or omissions, or the acts or omissions of any party for whom they may be responsible. SEDB Contractors/Sub-Contractors will be responsible for the first \$5,000 of each commercial general liability claim that is attributable to Contractor's Work, or its Subcontractor's Work, acts or omissions, or the acts or omissions of any party for whom they may be responsible. This "General Liability Obligation" is not covered by the OCIP Insurance Policies.

About This Manual

The Insurance Manual was prepared by Aon Risk Services, Inc. of Washington (Aon) and King County. Aon is the insurance broker and Program Administrator for this program. The manual is designed to identify, define and assign responsibilities for the administration of the OCIP for the Brightwater Project.

What This Manual Does:

This Manual:

- Generally describes the structure of the King County OCIP
- Identifies responsibilities of the various parties involved in the project
- Provides a basic description of OCIP coverage
- Describes audit and administrative procedures
- Provides answers to basic questions about the OCIP
- Will be updated as necessary

What This Manual Does NOT Do:

This Manual does not:

- Provide coverage interpretations
- Provide complete information about coverages
- Provide answers to specific claim questions

Refer questions concerning the OCIP, its administration or coverages to the appropriate party identified in the OCIP Directory.

The **OCIP Directory** is found in Section 2

DISCLAIMER:

The information in this manual is intended to outline the OCIP Program. If any conflict exists between this manual and / or the OCIP insurance policies and /or Contracts between King County and Contractor, the applicable issued Insurance Policies or Contract Section will govern.

OCIP Directory

The following list includes key insurance personnel involved in the OCIP.

OCIP Administration -

Aon Risk Services, Inc. of Washington	(xxx) xxx-xxxx (telephone)
Construction Services Group	(xxx) xxx-xxxx (fax)

Program Manager –	(xxx) xxx-xxxx (telephone)
	(xxx) xxx-xxxx (cell)
	(xxx) xxx-xxxx (fax)
	@ ars.aon.com

Program Administrator –	(xxx) xxx-xxxx (telephone)
	(xxx) xxx-xxxx (fax)
	<u>@ars.aon.com</u>

OWNER	King County
-------	-------------

King County Contact:	(xxx) xxx-xxxx (telephone)
Project Representative	(xxx) xxx-xxxx (fax)

PROJECT DEFINITIONS

PROJECT COMMON NAME:

Brightwater Plant/
Conveyance/Outfall
System/Influent Pump Stations

PROJECT INFORMATION:

OCIP INSURANCE COMPANIES:

General Liability

Stop-Gap Employer's Liability

Excess Liability

Contractor's Pollution Liability

Other County provided Coverages:

Project Professional Liability

Builders Risk

Project Definitions

The following list includes key OCIP definitions.

PROJECT:	Brightwater Project to include Treatment Plant, Conveyance pipelines and tunnels, Outfall, auxiliary systems, and Influent Pump Stations
OWNER:	King County, a municipal corporation
PROJECT REPRESENTATIVE:	As specified in the Contract
OCIP:	Owner Controlled Insurance Program - A coordinated insurance program providing certain coverages, as defined herein, for the Owner, Construction Manager, Contractors, Subcontractors, and their employees performing Work at a Project Site.
INSURANCE ADMINISTRATOR:	Aon Risk Services, Inc. of Washington and Aon Risk Services, Inc. of Northern California
CONTRACT:	A written agreement between: The Owner and Contractor -or- The Owner and Professional Consultant -or- The Contractor and Subcontractor, including Subcontractors of any tier -or- The Professional Consultant and Subcontractor, including Subcontractors of any tier
CONTRACTOR:	The person, firm, joint venture, corporation, or other party that has entered into a Contract with the Owner to perform the Work at the Project Site.
SUBCONTRACTOR:	Includes only those persons, firms, joint venture entities, corporations, or other parties that enter into some business relationship, contract, or purchase order with a Contractor to perform Work at the Project Site. .

PROJECT DEFINITIONS

ENROLLED CONTRACTORS/ SUBCONTRACTORS	Those eligible Parties that have submitted all necessary enrollment information and have been accepted into the OCIP as evidenced by a Confirmation Letter and Certificate of Insurance.
CONFIRMATION LETTER:	A document issued by the Insurance Administrator, which confirms acceptance/enrollment of the applicant into the OCIP.
WORK:	Operations, as fully described in the Contract, performed at the Project Site.
PROJECT SITE:	Generally defined as the Brightwater Construction sites.
INSURED PARTIES:	Entities named on the OCIP policies which include the Owner, Construction Manager, Enrolled Contractors, Enrolled Subcontractors, and their employees. Parties named as additional insureds include other parties that the Owner is required under contract to add as additional insureds. These parties are also commonly referred to as insureds.
CERTIFICATE OF INSURANCE:	A document providing evidence of existing coverage for a particular insurance policy or policies.
OCIP Insurer:	The insurance company(ies) named on a policy or certificate of insurance that provides coverage for the OCIP.
EXCLUDED PARTIES:	<p>OCIP insurance does not cover the following “Excluded Parties”:</p> <ol style="list-style-type: none">(1) Hazardous materials transport companies and/or haulers;(2) Architects, surveyors, engineers, soil testing engineers, and their consultants;(3) Vendors, suppliers, fabricators, material dealers, truckers, haulers, drivers and others who merely transport, pickup, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the Work site.(4) Contractors and each of their respective subcontractors who do not perform any actual labor on the Work site during the term of Contract.(5) Any parties or entities not specifically identified in this Section or excluded by King County in its sole discretion, even if otherwise eligible. See 00430 OCIP Insurance <p>Excluded Parties and parties no longer covered by the OCIP shall obtain and maintain, and shall require each of its subcontractors to obtain and maintain, the insurance coverage specified in the Contract and the Insurance Manual.</p>

OCIP Insurance Coverage

This chapter provides a brief description of OCIP Coverage. Contractor should refer to the actual policies for details concerning coverage, exclusions and limitations.

Excluded Parties

Excluded Parties must meet the insurance requirements established in Section 5 of this Manual and provide evidence of coverage to the Contractor, King County with a copy to the OCIP Administrator.

Evidence of Coverage

The OCIP Administrator will provide a Certificate of Insurance evidencing general liability, and excess liability insurance and contractor's pollution liability to each Enrolled Party. Other documentation including forms, posting notices, etc., will be furnished to each Enrolled Party. Upon availability, copies of policies will be furnished upon written request.

Summary Description of OCIP Coverages

The following descriptions on these pages provide a summary of insurance coverages ONLY. Contractors and Subcontractors should refer to the policies for actual terms, conditions, exclusions and limitations.

King County will purchase the following coverages for the benefit of all Enrolled Parties, performing Work at the Project Site.

Commercial General Liability and Stop-Gap Employer's Liability

<div>GENERAL LIABILITY OBLIGATION</div>	Limits of Liability Shared by All Enrolled Parties
Contractor and Subcontractors, except SEBD Subcontractors, shall pay to King County a sum of up to \$25,000 (\$5,000 for SEBD Subcontractors) of each occurrence , including court costs, attorneys fees and costs of defense for bodily injury or property damage to the extent losses payable under the OCIP General Liability Policy are attributable to Contractor's Work, acts or omissions, or the Work, acts or omissions of any of Contractor's Subcontractors, or any other entity or party for whom Contractor may be responsible. The General Liability Obligation will not be covered by the OCIP Coverages.	General Liability Aggregate\$ 4,000,000
	Products/Completed Operations Aggregate\$ 4,000,000
	Personal/Advertising Injury Aggregate\$ 2,000,000
	Each Occurrence Limit\$ 2,000,000
	Coverage: Third Party Personal Injury, Bodily Injury and Property Damage Liability.
Part Two - Stop-Gap Employer's Liability:	
	Bodily Injury by Accident, each accident\$ 2,000,000
	Bodily Injury by Disease, each employee\$ 2,000,000
	Bodily Injury by Disease, policy limit\$ 2,000,000
Insured: All enrolled contractors are protected under a Commercial General Liability policy. This insurance applies to the operations of all enrolled contractors at the Job Site.	

Annual reinstatement of all Aggregate Limits-term of Project (Except Products-Completed Operations Tail)

- This insurance will **NOT** provide coverage for products liability to any enrolled party, vendor, supplier, off-site fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Project Site.
- Six (6) Year Products & Completed Operations Extension beyond final acceptance of the entire project with a single non-reinstated aggregate limit.
- **The policy contains exclusions.** Some of these exclusions are: Real & Personal Property in the care, custody or control of the insured; Property Damage to Insured's Work; Asbestos; Discrimination & Wrongful Termination; ERISA; Architects & Engineers Errors & Omissions; Owned & Non-owned Aircraft, Watercraft, and Automobile Liability; Insured v. Insured; Damage to Property- Builder's Risk; Nuclear Broad Form Liability.

A single Excess Liability policy will be issued for all Enrolled Parties.

Excess Liability Limits

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$100,000,000
Annual General Aggregate Limit	\$100,000,000

- Policy is excess of underlying Commercial General Liability and Stop-Gap Employer's Liability policy wording.
- Aggregate Limits reinstated annually for the term of the project (except tail).
- Six (6) years Products-Completed Operations extension (after project completion)one aggregate applies as per underlying.

Contractor's Pollution Liability

Limits of Liability
Shared by All Enrolled Parties

Each Occurrence Limit	\$25,000,000
Annual General Aggregate Limit	\$25,000,000
5 Years Completed Operations	

CPL LIABILITY OBLIGATION

Contractor and Subcontractors, except SEBD Subcontractors, shall pay to King County a sum of up to \$25,000 (\$5,000 for SEBD Subcontractors) of each occurrence, including court costs, attorneys fees and costs of defense for bodily injury or property damage to the extent losses payable under the OCIP CPL Policy are attributable to Contractor's Work, acts or omissions, or the Work, acts or omissions of any of Contractor's Subcontractors, or any other entity or party for whom Contractor may be responsible. The CPL Obligation will not be covered by the OCIP Coverages.

The CPL will provide coverage for pollution conditions arising from any type of contracting operations. The CPL does not provide coverage for the presence of known pre-existing pollution conditions unless exacerbated by contracting operations.

- Limits include coverage for third party Bodily Injury, Property Damage, Clean Up Costs and Claim Expenses for unintentional environmental damage caused by pollution conditions.
- Coverage for both sudden and gradual occurrences arising from work performed under the Project
- All limits are policy term limits and aggregates that do not reinstate annually.
- Environmental liabilities arising from transportation are covered.
- Exclusions and limitations may apply - See actual Policy for details

Other Coverages to be Provided by the Owner

Builder's Risk

King County will place a Builder's Risk policy covering the project.

Insured: King County and Contractors and sub-contractors of all tiers

Coverage: Builder's Risk coverage pays for direct losses to buildings or other property during construction (Repair or replacement) and limited indirect losses. Policy Form shall be a modified ALS 72. The policy applies to:

- (1) All work at the Job Site(s) including labor and materials to be incorporated into the work.
- (2) Materials in storage at the Job Site that will be incorporated into the work.

A policy limit will provide coverage for "direct physical loss or damage", excluding TRIA terrorism, subject to policy terms, conditions and exclusions. **A Summary of policy limits and sublimits are listed as follows:**

Not Less than a \$ 100,000,000 Loss Limit

Tunnel Boring Machines and ancillary equipment: No Coverage

Earthquake: Not Less than \$ 100,000,000

Flood: Not Less than \$ 100,000,000

Property in Transit: Not Less than \$ 1,000,000

Off-site Storage: Not Less than \$ 5,000,000

Debris Removal: No more than 10% of Loss, subject to a \$5,000,000 Max.

Expediting and Extra Expense: Not more than 25% of loss subject to a \$ 2,000,000 maximum.

Limits may be shared on a total project basis.

Not Covered:

- (1) Coverage for owned or leased tools, machinery, equipment or trailers
- (2) Tunnel Boring Machines and ancillary equipment
- (3) Loss of Market, Loss of Use
- (4) Indirect Losses (Business Interruption, Delay)
- (5) Faulty workmanship, material, construction or design, but not resultant damage
- (6) Policy Limitations: Tunneling Clause, Directional Drilling Operations Clause, Piling Clause

Deductibles: Contractor Responsibility

All Other Perils: \$ 50,000. Per Occurrence

Shaft, Portal and Underground Tunnel: \$ 100,000. Per Occurrence

All coverages are subject to actual policy terms, conditions and exclusions.

Project-specific Professional Liability

A single policy has been issued for all Covered Parties. The policy is available for review at King County Office of Risk Management.

Covered Parties: Those licensed or registered professionals and professional firms under contract to King County and all of their respective sub-consultants which have performed or are performing Professional Services on the Covered Project and all such other licensed or registered professionals and professional firms that may be involved in rendering Professional Services under contract to King County on the Covered Project.

OCIP INSURANCE COVERAGE

Limit of Liability:

Term Aggregate:	\$ 40,000,000.
Per Claim:	\$ 40,000,000.

Self-Insured Retention: \$ 100,000 Per Claim
SIR Retention is the responsibility of the Contractor/Consultant.

Claims-made

Prior-Acts: February 1, 2000

6 years Extended Reporting commencing at substantial completion

Conditions of Coverage: Each Covered Party must consent and agree to joint defense/waiver of cross claims or third party claims for negligence, contribution, indemnification or otherwise, arising out of any incident, circumstance, event or claim under the Professional Liability policy, against any other covered party.

Contractor Required Coverage

Contractors and all Subcontractors are required to maintain coverage to protect against losses that occur away from the Project Site or that are otherwise not covered under the OCIP.

Contractors and Subcontractors are required to maintain insurance coverage for the duration of the Contract that protects King County from liabilities. These liabilities may arise from the Contractor's and subcontractor's operations performed away from the Project site, from coverages not provided by the OCIP, or from operations performed by Excluded Parties. The OCIP places Contractors and Subcontractors into one of two main categories: Enrolled Parties or Excluded Parties.

- **Enrolled Parties** are to provide evidence of Automobile Liability and Workers' Compensation (State Fund) insurance for on-site and off-site activities and Stop Gap, General Liability and Excess/Umbrella Liability insurance for *off-site activities* and as per the insurance specifications of Section 00430 OCIP Insurance and Section 00430 Insurance Requirements.. See Section 3 for the definition of Enrolled Parties.
- **Excluded Parties** must provide evidence of Automobile Liability, Workers' Compensation (State Fund) and Employer's Liability (Stop Gap), Contractor's Pollution Liability, General Liability, and Excess/Umbrella Liability insurance for all activities including **both** *on-site* and *off-site* activities and as per the insurance specifications of Section 00430 OCIP Insurance and Section 00430 Insurance Requirements.. See Section 3 for the definition of Excluded Parties.

See Section 8
for sample Certificate of
Insurance.

Verification of Required Coverages

Contractors and Subcontractors shall provide verification of insurance to the OCIP Administrator and King County prior to mobilization and within three (3) days of any renewal, change or replacement of coverage. A sample of an acceptable Certificate of Insurance is provided in Section 8. **Please note the requirements for**

a) insurance carriers of A.M. Best Financial Rating of A- VIII or better until Notice of Completion, b) forty-five (45) days notice of cancellation, c) waiver of subrogation and d) additional insured status (CG 20 10 11/85 or its equivalent).

Contractors are responsible for monitoring their Enrolled Subcontractors and Excluded Parties' Certificates of Insurance. The Owner reserves the right to disapprove the use of Subcontractors unable to meet the insurance requirements

Certificates of Insurance:

- Prior to mobilization and within ten (10) days of receipt of the Notice of Selection and/or three (3) days of renewal, change or replacement of coverage, Contractors and Subcontractors will submit to the Program Administrator and King County a Certificate of Insurance evidencing the coverage and limits as specified in this section.
- A 45 day notice of cancellation provision, waiver of subrogation and additional insured status is required on all certificates. Applicable endorsements must be attached.
- The Certificate must name the Owner as an additional insured on a primary, non-contributory basis to all liability policies.

The limits of liability shown for the insurance required of the Contractors and Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Contractors and Subcontractors for work performed under their Contract.

Contractor Maintained Coverages

Insured and Excluded parties shall provide evidence of worker's compensation insurance for on-site and off-site activities. Excluded parties shall provide evidence of on-site and off-site Employers Liability/Stop Gap coverage and Insured parties shall provide evidence of Off-site Employers Liability/Stop Gap coverage.

Workers' Compensation and Employer's Liability

Part One -
Statutory Limit

Workers' Compensation:

Part Two -Stop-Gap Employer's Liability :

Limits	Annual
Bodily Injury by Accident, each Accident:	\$ 1,000,000
Bodily Injury by Disease, each employee	\$ 1,000,000
Bodily Injury by Disease, policy limit:	\$ 1,000,000
<ul style="list-style-type: none"> • Coverage must include proof of insurance coverage in compliance with the Longshoreman and Harbors Workers Compensation Act (administered by the Department of Labor) if the applicable Contract involves work on or adjacent to navigable water, as defined by the U.S. Department of Labor. • Coverage to include an Endorsement for Jones Act, if appropriate. • Coverage to include and endorsement for Maritime covering a master or member of a crew of a vessel, if appropriate. 	

Commercial General Liability/Umbrella Liability combined

Enrolled Parties:

Enrolled parties shall provide evidence of general liability insurance for off-site activities with King County and other required parties named as additional insureds to the policy.

	<u>Limits of Liability</u>
General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal/Advertising Injury Aggregate	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000

- Coverage must be on an Occurrence form and applies to bodily injury and property damage for operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations. Limits can be provided by a combination of a primary Commercial General Liability policy and Excess/Umbrella Liability policy.

Note:

Additional Insured Endorsement shall be Form CG 2010 11 85 or its equivalent.

Excluded Parties for on and off-site activities:

Excluded parties shall include evidence of general liability insurance applicable to the project and must name the Owner and other required parties as additional insureds.

	<u>Limits of Liability</u>
General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal/Advertising Injury Aggregate	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000

Except:

Manufacturer/Vendor of Tunnel Liner Pre cast Concrete Segments, then:

	<u>Limits of Liability</u>
General Aggregate	\$ 10,000,000
Products/Completed Operations Aggregate	\$10,000,000
Personal/Advertising Injury Aggregate	\$ 10,000,000
Each Occurrence Limit	\$ 10,000,000

- Coverage must be on an Occurrence form and applies to bodily injury and property damage for operations (including explosion, collapse and

underground coverage), independent contractors, products and completed operations. Limits can be provided by a combination of a primary Commercial General Liability policy and Excess/Umbrella Liability policy.

- Products-Completed Operations coverage must extend three (3) years beyond completion of the Work.

Note:

Additional Insured Endorsement shall be Form CG 2010 11 85 or its equivalent.

All Contractors and Subcontractors shall provide evidence of automobile liability insurance with King County and other required parties named as additional insureds to the policy. **The OCIP does not cover automobile liability.**

Automobile Liability

- Commercial Business Auto Policy covering all owned, hired and non-owned automobiles, trucks and trailers with coverage limits not less than \$2,000,000 Combined Single Limit each for Bodily Injury and Property Damage.
- Coverage will apply both at and away from the Project Site.
- If the work involves the transport of pollutants (as defined by the standard auto policy exclusion of pollutants) the auto policy shall be endorsed to include endorsement CA 9988 (or its equivalent) and MCS 90.

Contractor's Pollution Liability

Excluded parties shall, if required by the Contract Documents, maintain Contractor's Pollution Liability insurance with a total combined limit of liability for limits as specified in Section 00430.

Property Insurance

Contractors and Subcontractors must provide their own insurance for owned, leased, rented and borrowed equipment, whether such equipment is located at a Project Site or "in transit". Contractors and Subcontractors are **solely responsible** for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Contract until installed at the Project Site, contractor tools and equipment (including the Tunnel Boring Machine), scaffolding and temporary structures.

The OCIP **does not** provide coverage for Contractors and Subcontractors personal property.

Watercraft Liability

Where exposures involving watercraft are expected to be present, then prior to commencement of any portion of the Work involving watercraft, Contractor shall furnish to King County certificates of insurance giving evidence of comprehensive watercraft liability as follows: "comprehensive and hired

CONTRACTOR REQUIRED COVERAGE

watercraft insurance (Protection and Indemnity) covering the use of all owned, non-owned, and hired watercraft with a combined bodily injury or property damage limit of not less than Five Million (\$5,000,000) Dollars.” Such insurance shall include King County, and all Additional Insureds under this Agreement as additional insured and shall provide a Waiver of Subrogation.

Note: See Enrolled and Excluded parties designated Certificate of Insurance samples in Section 8 - Forms.

Note: Required Waivers and Additional Insured Wording

General Liability, Automobile Liability, Umbrella/Excess Liability, Marine Liability (Protection and Indemnity) and Property insurers shall provide Waivers of Subrogation, in favor of King County and other designated parties.

Contractor’s Automobile Liability, General Liability, Excess/Umbrella Liability, and Marine Liability (Protection and Indemnity) Policies will name King County, its officers, officials, employees and agents as additional insureds and will state that coverage is afforded on a primary and non-contributory basis.

Contractor Responsibilities

Throughout the course of the Project, Contractors and Subcontractors will be responsible for reporting and maintaining certain records as outlined in this section.

The Contractor and its Subcontractors of all tiers are required to cooperate with King County and its OCIP Administrator in all aspects of OCIP operation and administration. The responsibilities include, but not limited to:

- Removing from your bid the cost of OCIP-provided insurance
- Provide each subcontractor with a copy of the Insurance Manual and Project Safety Guidelines
- Enrolling in the OCIP and assuring all Subcontractors promptly enroll in the OCIP
- Include OCIP provisions in all subcontracts as appropriate
- Provide timely evidence of insurance to the OCIP Administrator and King County
- Notify the OCIP Administrator and King County of all subcontracts awarded
- Maintain and report monthly manhour/payroll records
- Cooperate with the OCIP Administrator's and King County's requests for information
- Comply with insurance, claim and safety procedures
- Prompt payment of General Liability Obligations and CPL Obligations, Builder's Risk deductibles and Professional Liability retentions as required by the Contract
- Notify the OCIP Administrator and King County immediately of any insurance cancellation or non-renewal of Contractor-required insurance.

Contractor Bids

See Section 2 for information on contacting the OCIP Administrator.

King County provides insurance for all Eligible and Enrolled Parties under the OCIP for Work performed at the Project Site. The section below describes procedures to provide the County with information concerning the Project and Insurance costs.

Identifying Insurance Costs

To aid the Contractor in identifying its insurance costs, the Contractor is also required to submit, **at contract execution**, the information contained in the **Insurance Cost Worksheet** form (Aon Form-1a or Aon Form-1b). Provide separate forms for the Contractor's self-performed work, and each Subcontractor self-performed work and one for unidentified subcontractors.

Each Contractor is required to submit insurance documentation that supports the information supplied on the Aon Form 1. Documentation includes copies of the following pages from General Liability and Excess Liability policies as follows:

- Declaration or information page
- Rate page(s)

If the Contractor is "self insured" or carries a deductible or declares a dividend credit for its General Liability program, then the following must also be provided:

- Deductible page(s)
- 5 Years of loss history for entities that retain losses

In those instances where the Aon Form 1 and/or Aon Form 2 are not completed correctly; or are not specific to the scope of work; or the scope of work has changed; the Contractor will be asked to re-complete the forms for their work or their subcontracted work.

Enrollment

See Section 8 for sample OCIP forms.

Each Contractor shall provide details about its Subcontractors as necessary for OCIP enrollment. King County will need all of the information requested on the **Enrollment Application** form (Aon-3) in Section 8. This form must be completed and submitted to the OCIP Administrator and King County prior to mobilization to obtain coverage under the OCIP.

A separate **Enrollment Application** form (Aon-3) is required for each Eligible subcontractor of any tier that performs Work at the Project Site.

The OCIP Administrator will issue to each Enrolled Party a Confirmation Letter and OCIP Certificate of Insurance acknowledging acceptance of the applicant into King County's OCIP.

Note: Enrollment is not automatic

Enrollment into the OCIP is required, but not automatic. Eligible Contractors and all Eligible Subcontractors **MUST** complete the enrollment forms and participate in the enrollment process for OCIP coverage to apply. Access to the Project Site will not be permitted until enrollment is complete.

Safety Guidelines

Safety Guidelines establishing minimum standards or guidelines for contractor safety programs. Safety Guidelines are provided to all participants during the bidding process.

Each Contractor is required to establish a written safety program and to provide a designated safety representative who is on site when any work is in progress. Minimum standards for contractor programs are outlined in in Section 01063.

Assignment of Return Premiums

King County pays the cost of the OCIP insurance coverage. King County will be the sole recipient of any return OCIP premiums or dividends. All Enrolled Parties will assign, to King County, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the OCIP insurer(s). Contractors will assure that each Enrolled subcontractor has executed such an assignment. The **Enrollment Application** form (Aon-3) supplied in Section 8 will be used for this purpose.

Manhour/Payroll Reports

See Section 8 for the On-site Manhour Report form.

By the 10th of each month, every Enrolled Party of every tier must submit to the OCIP Administrator an **On-Site Manhour/Payroll Reports** in a format approved by the Owner.

NOTE: All Enrolled Parties required to maintain manhour/payroll records for each contract.

A monthly manhour report must be submitted for each month, including "zero (0) manhour" if applicable, until completion of the work under each contract. For those Contractors & Subcontractors performing Work under multiple contracts, a **separate On-Site Manhour Report** (Aon-4) is required for **each** contract.

Insurance Company Audit

All Enrolled Parties shall make available their books, vouchers, contracts, documents, and records, of any and all kinds, to the auditors of the OCIP insurance carrier(s) and King County's representatives. Availability of records must be for a reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

Note: Failure to submit the manhour/payroll reports as required may result in the withholding of payments until required documentation is received.

Change Order Procedures

Change Orders will be priced, by the Contractor and its Subcontractors, to **exclude** their cost of insurance.

Close Out and Audit Procedures

Submit the **Notice of Work Completion** form (Aon-5) when Enrolled Party has completed its Work at the Project Site and no longer has on-site workers. The Aon-5 form will initiate the OCIP final reporting and audit of man-hours/payroll by the OCIP Insurer. A copy of the **Notice of Work Completion** form, (Aon-5) with instructions on the proper method for completion is found in Section 8.

King County will not release final payment until all necessary forms have been submitted to King County and the OCIP Administrator. Any outstanding obligations for which the Contractor or subcontractor of any tier is responsible for will be considered at the time of closeout.

Claim Procedures

This section describes basic procedures for reporting various types of claims: liability and damage to the project.

General Procedures

Report all injuries or property damage to the Site Health and Safety Officer immediately. All Contractors/Subcontractors and others involved in the OCIP will instruct employees and other personnel to report, in writing, within 24 hours **all** Accidents and Occurrences of any type to the Site Health and Safety Officer

Immediately call the Site Health and Safety Officer in the event of the following:

- Any injury for which an ambulance is called
- Injury to head or neck
- Possible injury to back or spinal cord
- Unconscious employee
- Possible blindness
- Amputation of limbs
- Fatality
- Heart attack or stroke
- Hospitalization
- Property damage estimated over \$1,000

Investigation Assistance

All Contractors and Subcontractors will assist in the investigation of any accident or occurrence involving injury to persons or property. All Contractors and Subcontractors will cooperate with the companies involved in adjusting any claim by securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or suit.

Workers' Compensation Claims

No coverage is provided for Worker's Compensation claims under the OCIP. It is the sole responsibility of each Contractor and its Subcontractor(s) to report workers' compensation claims to the Washington Safety and Health Administration.

All Claims MUST be reported within 24 hours to the Project Health and Safety Officer.

The main responsibility for any Contractor and/or subcontractor is first to see that the injured worker receives immediate medical care. Next, you should immediately notify the OCIP Administrator and the Project Health and Safety Officer in the event of a serious injury or accident.

The Contractors and Subcontractors on-site personnel will follow these procedures if any employee is involved in an accident or occurrence resulting in bodily injury:

1. Report all injuries or occupational-related illnesses as soon as possible to Employer, project supervisor and the Project Health and Safety Officer.
2. Contact designated first aid/medical personnel and transport the injured party to the on-site first aid or medical facility, as necessary.
3. Immediately Employer must complete a *Supervisor's Accident Investigation*, along with the State *Employer's First Report of Injury* form and submit to the Department of Labor and Industries and fax/mail a copy to the Project Health and Safety Officer within 24 hours of employee's notice of injury/claim.

Contractors/subcontractors are responsible for notifying the Washington Industrial Safety Health Administration (WISHA) when one or more of their employees are seriously injured.

Liability Claims

Report all Liability claims to the to the Project Health and Safety Officer

Contractor and/or Subcontractors must immediately report all Accidents at the Project Site involving death, injury, or damage to property of non-employee personnel (the public, tenants, and visitors) to the Project Health and Safety Officer. As soon as the on-site personnel become aware of the accident or occurrence, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities as required by law.

2. Complete and submit a *Supervisor's Accident Investigation Report and General Liability Loss Notice* to the Project Health and Safety Officer within 24 hours of the incident.
3. Immediately send all subsequent inquiries or correspondence about an insured loss or claim, including a summons or other legal documents, to the OCIP Administrator and King County. If served with a summons or other legal document relating to a covered claim under the OCIP, notify the OCIP Administrator and King County immediately.

Do *not* voluntarily admit liability and cooperate with King County or the OCIP insurer representatives in the accident investigation.

Property Claims

Report any damages to your Work or the work of any other Contractor or Subcontractor to the Project Health and Safety Officer. In addition, complete the Property Loss Notice and submit it to the OCIP Administrator and King County.

Automobile Claims

Report all Auto claims to your insurance carrier and the OCIP Administrator.

No coverage is provided for automobile accidents under the OCIP. It is the sole responsibility of each Contractor and subcontractor to report accidents/claims involving their automobiles to their own insurers.

HOWEVER, all accidents occurring in or around the Project Site must be reported to the OCIP Administrator and King County. Accident investigations will occur and focus on liability arising out of the project construction activities that could result in future claims (i.e. due to the conditions of the roads, etc.) Each Contractor and subcontractor shall cooperate in the investigation of all automobile accidents.

Pollution Claims

The Owner's OCIP will provide a Contractor's Pollution Liability policy. All known or suspected pollution or hazardous material related incidents or claims must be immediately reported to the Project Health and Safety Officer, King County and the OCIP Administrator.

Forms

This section contains the following forms:


Aon Form-1a	Sample Insurance Cost Worksheet (<i>Fixed Price Type Contracts</i>)
Aon Form-1b	Sample Insurance Cost Worksheet-Not Applicable
Aon Form-2	Insurance Cost Summary
Aon Form-3	Enrollment Application
Aon Form-4	Manhour/Payroll Report
Aon Form-5	Notice of Work Completion
Exhibit 1	Sample Certificate of Insurance
Exhibit 2	Sample Certificate of Insurance

Note:

For assistance in completing these forms, please contact:

xxxxxxxxxxx, OCIP Administrator

Aon Risk Services, Inc. of Washington TEL: xxx-xxx-xxxx FAX: xxx-xxx-xxxx

	Insurance Cost Worksheet (Fixed Price Type Contracts) Numbers reference attached instructions	KING COUNTY Page 1 of 1
---	--	-----------------------------------

A. Contractor Information: Federal ID # or Soc. Sec. #: 1

▼ Business Information (<i>headquarters</i>)	▼ Contact Information (<i>address questions to..</i>)
---	--

Company Name & dba: 2 3
 Contact Name & Title: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone: _____
 Fax: _____
 E.mail Address: _____

B. BID INFORMATION: Bid Package No.: 1

Description of Work: 2
 Proposed Contract Price \$: 3 Are you Submitting a bid to Perini: 5 ☐ Yes ☐ No
 Amount of Self Performed Work \$: 4 If No, identify to whom: 6

C. Workers Compensation Insurance Information for Work Described Above: ^(a) (*attach a separate sheet if necessary*)

a State	b Class Code	c Description	d Rate (per \$100 payroll)	e Man-hours	f Payroll	g WC Premium (Payroll * Rate / 100)
1						
<i>Totals</i>				2	3	4

Identify the Amount of Your Claim Retention 5 Your Company's Workers Compensation Experience Modifier: 6
 Modified Premium (*line C4 x C6*): 7
 Employers Liability Rate: 8 Employers Liability Premium: 9

10 Modification & Discount Premium Factors	11 Rate	12 Amount
Mod 1: _____ + OR - _____		
Mod 2: _____ + OR - _____		
Mod 3: _____ + OR - _____		
Mod 4: _____ + OR - _____		
Mod 5: _____ + OR - _____		

Total Modification Amount (*Total of all amounts entered in column C12*): 13
 Total Workers Compensation Premium (*line C7 + C9 + C13*): 14

D. General Liability: ^(a) Rate: 1 2 Based On: ☐ Total Payroll (C3) ☐ Per 100 3 Rate factor: 4 Identify the Amount of Your Claim Retention: _____
☐ Contract Price (B3) ☐ Per 1,000 GL Premium (*D2 x D1 + D3*): 5
☐ Other _____

Excess/Umbrella Liability: ^(a) Rate: 6 7 Based On: ☐ Total Payroll (C3) ☐ Per 100 8 Rate factor: _____ Excess/Umbrella Premium
☐ Contract Price (B3) ☐ Per 1,000 (*D7 x D6 + D8*): 9
☐ Other _____

E. Totals Total of all Insurance Premiums (*Total of lines C14 + D5 + D9 + E3 + F1*): 1
 Overhead & Profit on Insurance Prem. %: 2 O/H & Profit Amount (*G1 x G2*): 3
 Total Initial Insurance Cost (*Total of lines G1 + G3*): 4
 Contractor's Initial Insurance Cost Rate (*Line G4 divided by total payroll in line C3 x 100*): 5

F. Signature Block : I verify the information presented above and attachments are correct:

Name: _____ Date: _____
 (please print)
 Title: _____ Signature: _____

Completion of this form is a required part of your pre award submittals. Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed.

(a) Please provide copies of the following documents to support your insurance cost calculations:

<input checked="" type="checkbox"/> Workers Compensation declaration and rate pages	<input checked="" type="checkbox"/> General Liability declaration and rate pages
<input checked="" type="checkbox"/> Experience Modification worksheet	<input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages
	<input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000

 Form-1a	INSURANCE COST WORKSHEET (Instructions for Fixed Price Type Contracts)	KING COUNTY Page 1 of 1		
Complete a separate form for each contractor, known subcontractor and trade not currently awarded to a subcontractor. Duplicate this form as needed.				
A. Contractor Information 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return. 2 Enter your company's name, mailing address and phone/fax number for your company's main office location in the space provided below. 3 Enter the name of the person Aon should contact if questions arise. Include the mailing address, phone/fax and e.mail address if different than A-2				
B. Bid Information 1 Enter the Bid Package Number, Contract Number or Purchase Order Number that was included in originating documentation. 2 Provide a brief description of the work you will be performing at the project site. 3 Identify the total amount of your bid. Include both labor and material. 4 Identify the amount of work that you anticipate will be self-performed. Include both labor and material. 5 Check the appropriate box that identifies if you contract directly with or are a subcontractor. 6 If you are a Subcontractor, identify the entity with whom you are under contract.				
C. Workers Compensation Insurance Information <i>(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included):</i> 1 a Leave Blank-Not Required or Applicable b Enter each Workers Compensation class code that applies to your work identified in B2. c Enter the Workers Compensation class code description that applies to each class code identified in C1b. d Leave Blank-Not Required or Applicable e Enter the estimated Man-hours required to complete the described work for each Workers Compensation class code. f Enter the estimated Payroll required to complete your work. Use only unburdened payroll and exclude the premium portion of any overtime pay. g Leave Blank-Not Required or Applicable 2 Total the estimated Man-hours for each class code. Be sure to include information from additional pages if used. 3 Total the estimated Payroll for each class code. Be sure to include information from additional pages if used. 4 Leave Blank 5 Leave Blank 6 Leave Blank 7 Leave Blank 8 Leave Blank 9 Leave Blank 10 Leave Blank 11 Leave Blank 12 Leave Blank 13 Leave Blank 14 Leave Blank				
D. General Liability & Umbrella/Excess Liability Insurance 1 Enter the General Liability Rate. This number can be found on your General Liability Policy 2 Identify the base the General Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and the description in the space provided. 3 Identify the General Liability Rate factor by marking the box. 4 Identify the amount of your Claim Retention. 5 Calculate the General Liability Premium by multiplying the Bases (D2) by the Rate (D1) and dividing by the factor (D3). 6 Enter the Excess/Umbrella Liability Rate. This number can be found on your Excess/Umbrella Liability Policy 7 Identify the base the Excess/Umb. Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and description in the space provided. 8 Identify the Excess/Umbrella Liability Rate factor by marking the box. 9 Calculate the Excess/Umbrella Liability Premium by multiplying the Bases (D7) by the Rate (D6) and dividing by the factor (100 or 1,000).				
E. Totals 1 Calculate the Total of all Insurance Premium by adding General Liability (D5), Excess/Umbrella Liability (D9). 2 Identify the Overhead & Profit Percentage that was applied to this project during the tabulation of the Proposed Contract Price. 3 Calculate the Overhead & Profit Amount by Multiplying the Total of all Insurance Costs (F1) by the Overhead & Profit Percentage (F2). 4 Calculate the Total Initial Insurance Cost by adding the Overhead & Profit Amount (F3) with the Total of all Insurance Premium (F1) 5 Calculate your rate by Dividing the Total Initial Insurance Cost (E4) by the Estimated Payroll (C3) and multiplying by 100.				
F. Signature Block: This form must be signed by a representative of your company with the authority to Verify the information is correct.				
Note: Please provide copies of the following documents as part of your submittal: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Workers Compensation declaration and rate pages <input checked="" type="checkbox"/> Experience Modification worksheet </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> General Liability declaration and rate pages <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. </td> </tr> </table>			<input checked="" type="checkbox"/> Workers Compensation declaration and rate pages <input checked="" type="checkbox"/> Experience Modification worksheet	<input checked="" type="checkbox"/> General Liability declaration and rate pages <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000.
<input checked="" type="checkbox"/> Workers Compensation declaration and rate pages <input checked="" type="checkbox"/> Experience Modification worksheet	<input checked="" type="checkbox"/> General Liability declaration and rate pages <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000.			

A. Contractor Information:

Federal ID # / Soc. Sec. #: 1

▼ Business Information <i>(headquarters)</i>		▼ Contact Information <i>(address questions to..)</i>	
Company Name & dba:	2	3	
Contact Name & Title:			
Address:			
City, State Zip Code:			
Telephone:			
Fax:			
E.mail Address:			

B. BID INFORMATION:

Bid Package No.: 1

Description of Work: 2 <hr style="border: 0.5px solid black;"/> Proposed Contract Price \$: 3 <hr style="border: 0.5px solid black;"/> Amount of Self Performed Work \$: 4	Are you Submitting a bid to : 5 <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify to whom: 6
---	--

C. Insurance Costs for Work Described Above *(Complete a separate form for each billing method used in your contract):*

[illegible]

D. Signature Block: I verify the information presented above and attachments are correct:

Name: _____ Date: _____
(please print)

Title: _____ Signature: _____

. Complete a separate form for each contractor, known subcontractor(s) and trades not yet currently awarded to a subcontractor. Duplicate this form as needed. Provide insurance information as detailed in the instruction to support your insurance costs.

- (a) Please provide copies of the following documents to support your insurance cost calculations:
- | | |
|---|---|
| <input checked="" type="checkbox"/> Schedule of Values | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Workers Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. |

Complete a separate form for each contractor, known subcontractor and trade not currently awarded to a subcontractor. Duplicate this form as needed.

A. Contractor Information

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's main office location.
- 3 Enter the name of the person Aon should contact if questions arise. Include the mailing address, phone/fax and e-mail address if different than A2.

B. Bid Information

- 1 Enter the Bid Package Number, Contract Number or Purchase Order Number that was included in originating documentation.
- 2 Provide a brief description of the work you will be performing at the project site.
- 3 Identify the total amount of work you anticipate this contract to generate for your company. Include both labor and material.
- 4 Identify the amount of work that you anticipate will be self-performed. Include both labor and material.
- 5 Check the appropriate box that classifies your company's relationship with
- 6 If you are a Subcontractor, identify the company with whom you are under contract.

C. Insurance Costs (Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if *all* requested information is included):

- 1 Mark the box that applies to how will be billed. Examples of each billing type follow:
 - ☐ Unit price would include i.e. 1) per cubic yard of cement, 2) per square foot of roof, 3) per installation 4) per foot drilled or 5) per house framed.
 - ☐ Hourly pricing involves unique billing rates for different classes of employees doing unique functions. i.e. 1) Welding, 2) Excavation or possibly 3) Carpentry. Examples of different classes of employees could include 1) Welding Supervisor, 2) Welding journeyman, or 3) Welder class III.
 List each unit or hourly function by employee Workers Compensation class in the space provided. Use additional paper or duplicate this form if necessary.
- 2 Enter the Workers Compensation class code that applies to the work identified in column 1. (Most states use a 4 digit no.)
- 3 Identify the gross billing rate (including insurance) that applies to the work identified in column 1.
- 4 Identify the Base Wage Rate (unburdened payroll) that is required to complete the work identified in column 1. (Actual hours worked x Base Wage Rate)
- 5 Calculate the Workers Compensation expense associated with the work. Methods ←, ↑ or → should be used to calculate your insurance expense.
- 6 Calculate your General Liability expense associated with the work. Methods ↑ or → should be used to calculate your insurance expense.
- 7 Calculate your Excess/Umbrella Liability cost associated with the work. Method ↑ should be used to calculate the related insurance cost.
- 8 Total the insurance expenses identified in C5, C6, and C7 above.
- 9 Determine the *your net* billing rate by subtracting the Total Insurance Cost from the gross Billing Rate (Item C3 – Item C8).
- 10 Calculate the Insurance Cost Rate by Dividing the Total Insurance Cost by the *net* Billing Rate (Item C8 ÷ Item C9).

SAMPLES**Insurance Cost Calculation Methods & Sample Calculations**

← Standard Workers Compensation	↑ Liability Premium Calculation	→ Retained Premium Calculation (when retainage is greater than \$5,000)
Unburdened Payroll \$ _____ Rate (appropriate WC Class Code) _____ Experience Modifier _____ Premium = _____ (Payroll x Rate ÷ 100 x Modifier) Other factors (if): List each adjustment and rate or percentage. Calculate the adjustment (premium x rate ÷ 100 or %) Rate Adjustment Employer's Liab. _____ = _____ _____ = _____ _____ = _____ _____ = _____ Modified Premium Amt. = _____ Add or Subtract Other factors identified above to the Premium.	Basis of Company Premium <input type="checkbox"/> Payroll (Use amount in column 4) <input type="checkbox"/> Receipts (Use amount in column 3) Amt. from Column 3 or 4 \$ _____ Rate _____ Factor <input type="checkbox"/> Per \$100 <input type="checkbox"/> Per \$1,000 Premium Amount = _____ (Basis x Rate ÷ Factor)	Total Company Premium \$ _____ Total Company reserves for Losses (annual) or Average of 5 years actual losses \$ _____ Applicable Taxes \$ _____ Claim Admin. Exp. \$ _____ Insurance Cost = _____ (Total preceding lines) Basis of Total Company Premium <input type="checkbox"/> Total Payroll <input type="checkbox"/> Total Receipts \$ _____ Percentage (Ins. Costs ÷ Basis) = _____ % Ins. Cost (Column 3 or 4 x Percentage) = _____
← Sample Calculation	↑ Sample Calculation	→ Sample Calculation
Payroll = \$ 10.00 Rate (class code 5047) = 12.99 Experience Modifier = 1.27 Premium = (\$10.00 x 12.99 ÷ 100 x 1.27) \$ 1.65 Other Factors: Employer's Liab. = (1.65 x 2%) = 0.03 Scheduled Credit = (1.65 x 25%) = 0.41 neg Modified Premium = (1.65 + 0.03 - 0.41) = 1.27 Place \$1.27 in column C5 on the front of the form	Company Basis for Premium = Gross Receipts Gross Billing Rate from column 3 = \$ 7800 Rate = 5.44 Factor = \$ 1,000 Premium = (\$7,800 x 5.44 ÷ \$1,000) = \$ 42.43 Place \$42.43 in column C5, C6 or C7 on the front of this form	Total Company Premium = \$ 3,500,000 Average Losses for past 5 years = 268,649 Taxes & Fees = 15,888 Claim Administration Expense = 22,835 Insurance Cost = (3.5M + 268,649 + 15,888 + 22,835) = \$ 3,807,372 Basis of Premium = Gross Receipts Total Company's Gross Receipts = \$ 170,000,000 Insurance Cost % = (3,807,372 ÷ 170M) = 2.24 % Gross Billing Rate from column 3 = \$ 780.00 Insurance Cost = (780.00 x 2.24%) = \$ 17.47 Place \$17.47 in column C5 or C6 on the front of this form

D. Signature Block: This form must be signed by a representative of your company knowledgeable of its accuracy.

(1) Please provide copies of the following documents to support your insurance cost calculations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Rate Build-ups or Craft labor sheets | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Workers Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. |



Insurance Cost Summary

Numbers reference attached instructions

KING COUNTY

Page 1 of 1

A. Bid Information

1
Name of Prime Contractor: _____ Bid Package or 2
Purchase Order No.: _____
3
Proposed Contract Cost \$: _____

B. Aon Form-1a Summary

Contracting Parties & Trades		Proposed Subcontract Amount	Estimated Man-hours	Estimated Payroll	Initial Insurance Cost
Aon Form-1a Reference No.		B3 (Form-1a Ref.)	C2 (Form-1a Ref.)	C3 (Form-1a Ref.)	E4 (Form-1a Ref.)
Prime Contractor : (Attach the Aon Form-1a)			1		3
Your Known Subcontractors (Attach a Separate Aon Form-1a from each)	4	5	6	7	8
List Additional Trades NOT yet assigned to a subcontractor (attach an Aon Form -1a)	9 List by Trade or Function	10	11	12	13
C. TOTAL FOR CONTRACT: (TOTAL		1	2	3	4
D. Composite Insurance Cost Rate for Contract: (Line C4 ÷ C3 x100)					1

E. Signature Block: I verify the information presented above and attachments are correct:

Name: _____ Date: _____
(please print)
Title: _____ Signature: _____

Duplicate this form as needed. An Aon Form-1a must be attached for each line entry made on this form. In addition, the following documentation must accompany each Aon Form-1a.

F O R M S

- | | |
|---|--|
| <input checked="" type="checkbox"/> Workers Compensation declaration and rate pages | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000 |

Form-2	Insurance Cost Summary INSTRUCTION	KING COUNTY Page 1 of 1		
This form is to be used by a Prime Contractor to summarize subcontract activity. This form may also be used by Subcontracts that must summarize sub subcontract activity of any tier.				
A. Bid Information				
1	Enter the Name of the Contractor whose activity is being summarized. For purposes of these instructions they will be called a Prime Contractor regardless of the fact that they may not hold a contract directly with			
2	Enter the Bid Package Number, Contract Number or Purchase Order Number. This number accompanied..... original documentation.			
3	Enter the Amount you have proposed as the Contract Price.			
B. Aon Form-1a Summary <i>(Information will either be found on the Contractor's Aon Form-1a or in situations where the subcontract uses additional tiers of Subcontractors, the information will be found on an Aon Form-2 that summarizes their activity with their subcontracted activity.)</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Aon Form-1a Reference No.</th> <th style="padding: 5px;">Aon Form-2 Reference No</th> </tr> </table>	Aon Form-1a Reference No.	Aon Form-2 Reference No	
Aon Form-1a Reference No.	Aon Form-2 Reference No			
1	C2			
2	C3			
3	E4			
4	A2	A1		
5	B3	A3		
6	C2	C2		
7	C3	C3		
8	E4	C4		
9	A2			
10	B3			
11	C2			
12	C3			
13	E4			
C. Total Estimates for Contract				
1	Total the Proposed Subcontract Amount for the identified activity.			
2	Total the Estimated Man-hours for the identified activity.			
3	Total the Estimated Payroll for the identified activity.			
4	Total the Initial Insurance Cost for the identified activity.			
D. Composite Insurance Cost Rate for Contract				
1	Calculate the Composite Rate for the Contract by dividing the Total Initial Insurance Cost (C4) by the Total Estimated Payroll (C3) and multiplying by 100.			
E. Signature Block : This form must be signed by a representative of your company knowledgeable of its accuracy.				
Duplicate this form as needed. An Aon Form-1a must be attached for each line entry made on this form. In addition, the following documentation must accompany each Aon Form-1a.				
<input checked="" type="checkbox"/> Workers Compensation declaration and rate pages <input checked="" type="checkbox"/> Experience Modification worksheet	<input checked="" type="checkbox"/> General Liability declaration and rate pages <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more the \$5,000			



ENROLLMENT APPLICATION

Numbers reference attached instructions

KING COUNTY
Page 1 of 2

Examine your current General Liability Policies or contact your Insurance Agent to assist you with completing this form. *** NOTICE *** Enrollment is not automatic and requires the satisfactory completion of the Aon Form-1a or Form-1b, Form-2 and Form-3. In addition, submit a Certificate of Insurance providing evidence of your *off-site* coverage. Please refer to the Insurance Manual for coverage requirements.

A. Subcontractor Information: Federal ID # / Soc. Sec. #: ¹ _____

▼ Business Information (<i>headquarters</i>)	▼ Contact Information (address questions to..)
Company Name & d.b.a.: ² _____	³ _____
Contact Name & Title: _____	_____
Address: _____	_____
City, State Zip Code: _____	_____
Telephone: _____	_____
Fax: _____	_____
E-mail Address: _____	_____

Indicate your Organization's Structure: ⁴ ☐ Corporation ☐ Partnership ☐ S-Corporation
☐ Joint Venture ☐ Sole Proprietor ☐ Other _____

B. Bid Information: Subcontract No.: ¹ _____

Description of Work: ² _____

Subcontract Amount \$: ³ _____ Amount of Self Performed Work \$: ⁴ _____

⁵ Are you Under Subcontract with Perini: ☐ Yes ☐ No If No, ⁶ _____

Identify under Subcontract with: _____

⁷ Start Date: _____ ☐ Actual ☐ Estimated ⁸ Completion Date: _____ ☐ Actual ☐ Estimated

C. Workers' Compensation Insurance Information for Work Described Above: NOT APPLICABLE-DO NOT COMPLETE

a State	b Class Code	c Description	d Man-hours	e Payroll
¹				
Totals			²	³

D. Provide your current Off-Site Workers' Compensation Information: NOT APPLICABLE-DO NOT COMPLETE

Applicable State	Anniversary Rating Date:	Experience Modification:	Bureau File Number:
¹	²	³	⁴

Your WC Insurance Carrier: ⁵ _____

Policy #: ⁶ _____ Effective Date: ⁷ _____ Expiration Date: ⁸ _____

E. Contacts: (Complete if Applicable)

Position	¹ Name & Title	² Phone	³ Fax	⁴ E-mail address
Project Manger:				
Safety Rep:				
Subcontract Admin:				
Claims:				
Payroll:				

Provide Location of payroll records if different than Corporate address:

⁵ Address: _____
City, State Zip Code: _____



ENROLLMENT APPLICATION
Numbers reference attached instructions

KING COUNTY
Page 2 of 2

F. Subcontract Information: List all Subcontractors that will be working for you on this Project (complete the information in the following table). Use additional paper if necessary:

1 Subcontractor	2 Subcontract \$	3 Contact Person	4 Address	5 Phone Number	6 Estimated Start Date

G. Enrollment Questions: Answer each question. Use additional paper if necessary.

- 1 Will you have any off-site location(s) 100% dedicated to this Project? ☐ Yes ☐ No If yes, please provide address: _____
- 2 Please check if: ☐ Any aircraft used on this Project ☐ Any watercraft used on this Project
- 3 Please indicate if labor from the following sources will be used: ☐ Employee Leasing Firm ☐ Temporary Labor Agency
- 4 Do you intend to provide any Design Professional Service?
- 5 Do you intend to provide any Pollution Remediation Work?
- 6 Do you intend to store any construction materials off the Project site?

H. WARRANTY APPLICABLE TO PROGRAM INSURANCE COVERAGE

- 1 Premiums for this Program are the responsibility of King County and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to King County. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by are assigned to King County..
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the Subcontract Documents.
- 3 I authorized the release of all claim information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 I have omitted from my bid the insurance costs for the coverage provided by King County.
- 6 I acknowledge that King County and the OCIP Administrator are not the agents, partners or guarantors of the insurance companies providing coverage under the program, and that King County and the OCIP Administrator are not responsible for any claims or disputes between or among contractors, its subcontractors and any OCIP or owner provided insurance policies.
- 7 The statements in this insurance application are true to the best of my knowledge.

I. Signature Block :

I verify the information presented above and attachments are correct:

Name: _____ Date: _____
(please print)

Title: _____ Signature: _____

Mail to: OCIP Administrator –
Aon Risk Services, Inc. of Washington

Seattle, WA

Or Fax to: OCIP Administrator –
Aon Risk Services, Inc. of Washington
Fax:
Phone:

Form-3	ENROLLMENT APPLICATION INSTRUCTION	KING COUNTY Page 1 of 1
This form must be completed and submitted by each successful Subcontractor of any tier prior to Site mobilization for each Subcontract awarded. The Subcontractor will submit the completed form to Aon Risk Services. Upon receipt of this form, Aon will issue, to the Subcontractor, a Certificate of Insurance evidencing coverage in the King County Owner Controlled Insurance Program. The completed Certificate of Insurance and Workers' Compensation insurance policy will be mailed to the Enrolled Party.		
A. Subcontractor Information 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return. 2 Enter your company's name, mailing address and phone/fax number for your company's headquarters in the space provided below. 3 Enter the name of the person Aon should contact if questions arise. Include mailing address, phone/fax and E-mail address in the space provided below. 4 Identify your company's legal structure by checking the box that applies. If the correct legal structure is not specifically listed, please check the "Other" box and specify in the space provided.		
B. Bid Information 1 Enter the Bid Package Number or Purchase Order Number that was included in the originating documentation. 2 Provide a brief description of the work you will be performing at the Project site. 3 Identify the total amount of your bid. 4 Identify the percentage of work that you anticipate will be self-performed. 5 Check the appropriate box that identifies if you contract directly with Contractor. Or if you are a subcontractor. 6 If you are a Subcontractor, identify the entity you are under Subcontract with. 7 Enter the Date you anticipate starting work and then mark whether the date provided is actual or estimated 8 Enter the Date you anticipate completing the described work and then mark whether the date provided is actual or estimated.		
C. Workers' Compensation Insurance Information <i>NOT APPLICABLE-DO NOT COMPLETE</i> 1 a Enter the 2-digit abbreviation for the state in which the work will be performed. b Enter the 4 digit Workers' Compensation class code that applies to the work identified in B2. c Enter the Workers' Compensation class code description that applies to the work identified in C1c. d Enter the estimated Man-hours required to complete the described work for each Worker's Compensation class code. e Enter the estimated Payroll required to complete the described work for each Worker's Compensation class code. Use only unburdened payroll and exclude the premium portion of any over-time pay. 2 Total all estimated Man-hours for each class code. Be sure to include information from additional pages if used. 3 Total all estimated Payroll for each class code. Be sure to include information from additional pages if used.		
D. Current Off-Site Worker's Compensation Information <i>NOT APPLICABLE-DO NOT COMPLETE</i> 1 Enter the State that the Modification Information applies to. 2 Provide your Company's Anniversary Rating Date. Information can be located on your bureau's WC Experience Modification worksheets. 3 Enter your current WC Experience Modification Factor. 4 Enter your Bureau File Number also referred to as your Risk Identification Number. This number can also be found on your Modification worksheets. 5 Identify your insurance carrier for Workers' Compensation Coverage. 6 Provide your Worker's Compensation Policy Number. 7 Provide the effective date of your Worker's Compensation policy. 8 Provide the expiration date of your Worker's Compensation policy.		
E. Contacts <i>(Requested Contact information is for specific functions. It is possible to have a single person fulfill multiple responsibilities)</i> 1 Identify the name of the person and their title for each function. These individuals should be located, if at all possible, on-site. 2 Provide the phone number for each person identified above. 3 Provide the fax number for each person identified above. 4 Provide the E-mail address for each person identified above, if applicable. 5 Identify the physical location of where your payroll records are retained. Provide the Address, City, State, Zip Code, Telephone, Fax Number and E-mail Address of the person responsible for maintaining the payroll information.		
F. Subcontractor Information <i>(Provide the following information for each Subcontractor that will be performing work at the Project site. Use additional sheets of paper if necessary.)</i> 1 Identify the name of the Subcontracting firm 2 Provide the estimated value of the subcontracted activity. 3 Provide a contact name, preferably the Project manager, for the subcontractor. 4 Provide the mailing address for the Subcontractor. 5 Provide the phone number for the Subcontractor. 6 Provide the date the Subcontractor is scheduled to begin work.		
G. Enrollment Questions 1 Determine if you will have any locations, off-site, that will be 100% dedicated to this Project. Include material/supply storage as a possible location. Mark the appropriate box (yes/no). If you answer yes – provide the address of each location you identified as 100% dedicated. 2 Mark the box or boxes that apply. Contemplate only work performed under this Subcontract. 3 Mark the box or boxes that apply. Employee Leasing Firm are those firms that supply the labor force for your company <i>(You direct the activities of the Leasing Company's employees)</i> . Temporary Labor Firms supplement your labor force.		
H. Warranty Statements: 1-6 Read each Warranty statement thoroughly. If you have questions regarding any of these statements, contact the Aon administrator identified on page 2.		
I. Signature Block: a representative of your company knowledgeable of its accuracy must sign this form.		
Forward the completed Enrollment Application to the Aon administrator identified at the bottom of page 2 of this form. The administrator prior to the start of your work must receive this form.		

ON-SITE MANHOURLY REPORT

Numbers reference attached instructions

King County

Page 1 of 1

Complete a Separate Form for Each Subcontract.
 Your report is due to the Aon OCIP Administrator, identified below, no later than the 10th day of each month.
 Complete this report even though no work was performed; enter zero (0) for the Reportable Manhours.
 Delay in providing this report may result in payments being withheld.

A. Report Identification

Period Beginning: ¹ _____ Period Ending: ² _____ Year: ³ _____
 Subcontractor: ⁴ _____
 Under Subcontract with: ⁵ _____
 Subcontract #: ⁶ _____

B. Activity Report

a State	b Workers' Compensation Class Code	c Work Description	d Man-hours	e Gross Payroll	f Reportable Payroll *
1					
TOTALS:			2	3	4

C. Signature Block :

I verify the information presented above and attachments are correct:

Name: _____
(please print)

Date: _____


Title: _____

Signature: _____

☐ CHECK IF THIS IS YOUR LAST MANHOURLY REPORT. COMPLETE AN AON FORM-5 "NOTICE OF WORK COMPLETION" AND INCLUDE WITH THIS MANHOURLY REPORT.

Mail to: OCIP Administrator –
 Aon Risk Services
 Seattle, WA

Or Fax to: OCIP Administrator –
 Aon Risk Services
 Fax:
 Phone:

 Form-4	ON-SITE MANHOURLY REPORT INSTRUCTION	KING COUNTY Page 1 of 1
<p>This form must be completed each month by the Subcontractor and every Subcontractor of any tier performing work at the Project Site for each Subcontract awarded. The Subcontractor must attach the completed report to their monthly pay request in order to receive interim payment. Subcontractors will be responsible for the submission of this form by their Subcontractors. Aon Risk Services can forward a supply of these forms to your company.</p>		
A. Report Identification <ol style="list-style-type: none"> 1 Fill in the Month and day for the beginning of the period you are reporting on. 2 Fill in the Month and day for the ending of the period you are reporting on. 3 Fill in the year that applies to the reporting period. 4 Enter the name of your firm. 5 If you are a Subcontractor, identify the name of the firm you are contracted to. If you are a prime Subcontractor enter N/A 6 Provide your Subcontract Number 		
B. Activity Report <ol style="list-style-type: none"> 1 For each worker's Compensation Class Code that applies to work performed during the reporting period, provide the following information: <ol style="list-style-type: none"> a Identify the state in which the work was performed b Identify the 4 digit Workers' Compensation Class Code that applies to the work performed during the period. c Provide a brief description of the work by class code. d Identify the number of hours worked by your employees for each applicable class code. e Provide the Gross Payroll paid to your employees. This should include overtime pay and vacation pay. f Determine the Reportable Payroll. Reportable Payroll does not include the premium portion of any overtime pay (i.e. 45 hours X \$10.00/hr = 450.00 <i>do not include the premium overtime pay of \$5.00 for the 5 hours of overtime</i>) 2 Total the Man-hours provided on the payroll report. 3 Total the Gross Payroll provided. 4 Total the Reportable Payroll. 		
C. Signature Block: This form must be signed by a representative of your company with the authority to Verify the information is correct.		



Form-5

NOTICE OF WORK COMPLETION

Numbers reference attached instructions

KING COUNTY

Page 1 of 1

Subcontractor Name: _____

Subcontract #: _____

Description of Work Performed: _____

Date Work Completed: _____

Date this Subcontract Completed: _____

The following Subcontractors have completed their Work at the Project Site:

(Add attachment if more space is needed)

a Subcontractor's Name	b Subcontract Number	c Description of Work	D Date Completed
6			

Location of your manhour records *(Receipt of this form will initiate the manhour audit process):*

Address: _____

City, State Zip Code: _____

Contact/Phone #: _____

The undersigned acknowledges request for termination of coverage under the OCIP as of the date indicated above for the specified Subcontract. Should we return to the work Site, we will be working under our own insurance program and must provide a Certificate of Insurance showing our own coverage as detailed in our Subcontract.

Signed by: _____

8

Name & Title

Date

Approved by: _____

9

Construction Manager (Name & Title)

Date

Mail to: OCIP Administrator –
Aon Risk Services, Inc. of Washington
1420 Fifth Avenue
Seattle, WA 98101

Or Fax to: OCIP Administrator –
Aon Risk Services, Inc. of Washington
Fax:
Phone:


 Form-5	NOTICE OF WORK COMPLETION <small>INSTRUCTION</small>	KING COUNTY Page 1 of 1
<p>This form will be completed and returned to the OCIP Administrator by the subcontractor whenever work is completed for each Subcontract. This form will initiate the final manhour audit process for the Subcontractor identified in item 1. Final Payments and Release of Retainage will not occur until all manhour work is complete and finalized.</p>		
<ol style="list-style-type: none"> 1 Provide the name of the Subcontractor completing their work.. 2 Enter the Subcontract number for the work being completed. 3 Provide a brief description of the work being completed. 4 Provide the Date the Work was completed. 5 Provide the Date the Subcontract was completed, if other the work completion date. 6a Enter the name of each Subcontractor that performed work for you that has completed their work. b Enter their Subcontract Number. c Provide a brief description of their work. d Provide the Date they completed their work. 7 Identify the physical location of where your manhour records are retained. Provide the Address, City, State, Zip Code, Contact Name and Telephone Number of the person responsible for maintaining the manhour information. 8 This form must be signed by a representative of your company with the authority to Verify the information is correct. 9 Have this form approved by the Construction Manager for the Project Site. 		

EXHIBIT 1 – SAMPLE ENROLLED Subcontractor (Off-Site) Certificate of Insurance

ACORD®		CERTIFICATE OF INSURANCE		ISSUE DATE: CURRENT DATE	
PRODUCER Insurance Agent's Name And Address TELEPHONE #		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW			
INSURED Subcontractor's Name and Address Sample Certificate for <u>Enrolled Parties</u> Required Insurance		COMPANIES AFFORDING COVERAGE COMPANY A INSURANCE CARRIER LETTER COMPANY B LETTER COMPANY C LETTER COMPANY D LETTER			
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE MM/DD/YY	POLICY EXP. DATE MM/DD/YY	ALL LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> PER PROJECT AGGREGATE ENDORSEMENT	Policy Number			GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Policy Number			EACH OCCURRENCE AGGREGATE
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	Policy Number			STATUTORY LIMITS <input checked="" type="checkbox"/> <u>NY</u> (Each accident) (Disease-policy limit) (Disease-each employee)
A	OTHER: EQUIPMENT FLOATER	Policy Number			Limit equal to Full Coverage of Subcontractor's owned or rented machinery, equipment, tools, & temp. structures not designed to become a permanent part of the Work
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: RE: Work performed at the Brightwater Construction Project: Certificate Holders are Additional Insureds on a Primary and Non-contributing basis on the General Liability, Automobile and Excess/Umbrella Liability Policies. Waiver of Subrogation in favor of Certificate Holders applies to all policies. GL and WC coverage apply off-site.					
CERTIFICATE HOLDER			CANCELLATION		
and All Enrolled Parties c/o Aon Risk Services, Inc., of Washington Attention:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE		
			By: (original signature)		
ACORD 25-S (3/93)			© ACORD CORPORATION 1993		

